

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)						SERIAL NO.		FILING DATE					
						10784487		2-23-04					
						APPLICANT							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21	1						71						
22		1					72						
23		1					73						
24		1					74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.	20	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	24	[REDACTED]		[REDACTED]		[REDACTED]	TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]

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